

Entered - 12/01/00 - sb
CL00L0734 - ALEXIS HOLMES

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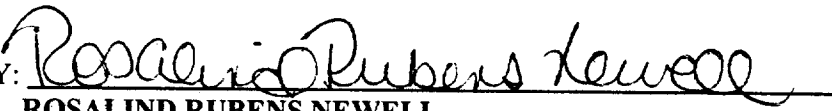
CLAIM OF: **TIMALEY DUFFIE,**
through her attorney,
Joshua A. Millican
The Grant Building, Suite 600
44 Broad Street, NW
Atlanta, Georgia 30303

For damages alleged to have been sustained as a result of a vehicular accident on May 27, 2000 at Moreland Avenue, SE and Arkwright Place, SE.

BY PUBLIC SAFETY AND
LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **TIMALEY DUFFIE, through her attorney, Joshua A. Millican** the sum of **\$1,000.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of vehicular accident on May 27, 2000 at Moreland Avenue, SE and Arkwright Place, SE as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0734

Date: March 28, 2001

Claimant /Victim TIMALEY DUFFIE
BY: (Atty) Joshua A. Millican
Address: The Grant Building, Suite 600, 44 Broad Street, NW, Atlanta, Georgia 30303
Subrogation: Claim for Property damage \$ 5,348.00 Bodily Injury \$ 3,077.10
Date of Notice: 11/16/00 Method: Written, proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 05/27/00 Place: Moreland Avenue, SE and Arkwright Place, SE
Department Police Division:
Employee involved Howie B. Miller Disciplinary Action: Letter of Reprimand

NATURE OF CLAIM: The driver of the City vehicle ran and red light and struck the claimant's vehicle causing damages in the above amounts.

INVESTIGATION:

Statements: City employee Claimant Others Written Oral
Pictures Diagrams Reports: Police X Dept Report Other
Traffic citations issued: City Driver X Claimant Driver
Citation disposition: City Driver Claimant Driver

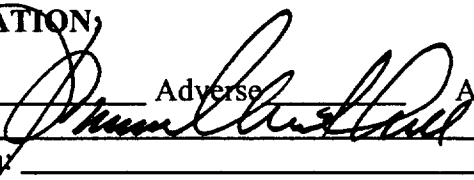
BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial
Improper Notice More than Six Months Other Damages reasonable
City not involved Offer rejected Compromise settlement X
Repair/replacement by Ins. Co. Repair/replacement by City Forces
Claimant Negligent City Negligent X Joint Claim Abandoned

Respectfully submitted,


INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ 1,000.00 Adverse Account charged: 1A01 X 2J01 2H01
Claims Manager:  Concur/date 03-29-01
Committee Action: Council Action

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 11/13/00

Dear Municipal Clerk:

11-16-00A10:27 RCVD

ENTERED - 12-1-00 - SB
00L0734 - ALEXIS HOLMES

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 5,348.80 property and/or \$ 12,500 bodily injury for which I contend the City is liable.

1. Date of incident: May 27, 2000 (month/day/year) 2. Time of Incident: 06:25 3. Police called: X Yes No
4. Location of incident (including street address): Moreland Ave SE at its intersection with Ark Knight Pl
5. Name of your insurance company: Southern General Policy No. Atlanta, GA 30317 AC10-123-25-16
6. State what and how incident occurred: An Atlanta Police Department vehicle went through a red light causing a collision with Claimant's vehicle.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Buick skylark 1986 502NKN Timuley Duffie
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: Ford Crown Victoria Howie B. Miller Atlanta Police Department
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Timuley Duffie
Signature of Claimant

Timuley Duffie
(Print Claimant's Name)

c/o Joshua Millican 44 Broad St NW Ste 600
(Address)

Atlanta, GA 30303
(City, State and Zip Code)

Joshua Millican - (404) 522-5685
(Work Number) (Home Number)

(404) 522-5685

JOSHUA A. MILLICAN

ATTORNEY AT LAW

THE GRANT BUILDING, SUITE 600

44 BROAD STREET, N.W.

ATLANTA, GEORGIA 30303

FAX (404) 522-9933

November 13, 2000

Council of the City of Atlanta
Municipal Clerk
City Hall
55 Trinity Avenue, SW
Atlanta, GA 30335

RE: My Client: Ms. Timaley Duffie
Your Insured: Atlanta Police Department
Responsible Party: Howie B. Miller
Date of Loss: 5/27/00

Dear Sir or Madam:

Please be advised the undersigned represents Ms. Timaley Duffie regarding personal injuries and damages sustained by her as a direct result of an automobile collision caused by your insured on May 27, 2000. Accordingly, kindly direct all correspondence regarding this matter to this office and my personal attention.

Enclosed please find the original, completed Claim For Damages Form regarding this loss. Please be advised I have included an amount for bodily injury damages for Ms. Duffie's pain and suffering directly resulting from this collision. Additionally enclosed please find a billing statement in the amount of \$197.10 from Dekalb Medical Center for treatment rendered to Ms. Duffie immediately following this collision. Additionally, enclosed herewith for your review please find complete office notes and an itemized billing statement in the amount of \$2,880.00 from Syed T. Rahman, M.D., of Candler Pain Management Center, regarding my client's treatment for personal injuries she sustained in this loss.

Additionally, enclosed please find Georgia Uniform Motor Vehicle Accident Report #: 001480591, a copy of my client's most recent tag receipt, and two (2) property damage estimates regarding the damage to my client's vehicle.

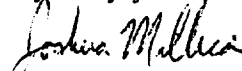
Kindly acknowledge receipt of this correspondence at your earliest convenience.

I look forward to working with you toward resolution of this matter. Should you have any questions or wish to discuss this claim, please feel completely free to contact my office at your earliest convenience.

01-R-0556

JAM/md
Enclosures (As Indicated)
cc: Ms. Timaley Duffie

Very truly yours,


Joshua A. Millican